



**VIRGINIA ENTERPRISE ZONE PROGRAM
Investment Tax Credit Qualification Form**

Form EZ-6I
Investment

Print on 8½" x 11" paper. Contact DHCD at (804) 371-7030 about this negotiated credit before completing this form.

PART I: BACKGROUND INFORMATION

1. Zone Name		Zone #	Zone Designation Date	
2. Date Qualified Investment Placed in Service (To verify this date, attach a copy of the final Certificate of Occupancy issued by the local building department or the date machinery was first operated, as certified by the CPA.) (MM/DD/YYYY)				
3. Business Firm Legal Name		Trading Name, if Different than Legal Name		
4. Federal Employment ID# (FEIN)		Activity # (First three digits of the NAICS. See Instruction Manual.)		
5. Principal Mailing Address		City	State	Zip Code
6. Physical Address of Zone Establishment (if different from above)		City/County/Town		
7. Business Firm Contact Person	Title	Daytime Phone # ()	E-mail Address	
8. If the Firm is a Subsidiary, Name of the Parent Company		Federal Employment ID# (FEIN) of Parent Company		

9. Check the type of Business Organization. (If "other," explain type.)

- ☐ Sole Proprietor
☐ S Corporation

- ☐ Partnership
☐ Limited Liability Corporation

- ☐ Corporation
☐ Other: _____

10. Check the type of state tax that applies to this firm.

- ☐ Corporate Income Tax
☐ Franchise Tax or License Tax on Gross Receipts

- ☐ Franchise Tax on Net Capital
☐ Individual Income Tax

11. Indicate whether or not the applicant is also requesting General Income Tax Credits (GITC) this year.

- ☐ YES, requesting GITC ☐ NO, not requesting GITC

PART II: QUALIFICATION INFORMATION

1. Qualification is requested for taxable year beginning _____ (MM/DD/YYYY) and ending _____ (MM/DD/YYYY).
2. Employment and Investment Test
- A. Total number of PERMANENT FULL TIME POSITIONS created and filled after the firm's investment agreement A _____
(This is not an annualized average of employees.)
- B. Total number of PERMANENT FULL TIME POSITIONS filled during the QUALIFICATION YEAR B _____
- C. Actual dollar amount of qualified zone investments made by applicant C _____
Attach a list certified by the CPA that itemizes the types and costs of qualified zone investments made to the property. (See instructions.)
3. Total amount of investment credit negotiated with DHCD \$ _____
4. Amount of tax credits received for this investment agreement in previous years \$ _____
5. Actual QUALIFICATION YEAR tax liability attributable to the conduct of trade or business within the enterprise zone \$ _____

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. (The signer must be authorized to sign on behalf of the business firm.)

Signature	Typed or Printed Name	Title	Date
-----------	-----------------------	-------	------

2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 4 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.

Signature of CPA		Typed or Printed Name	Date	
VA License #	Daytime Telephone Number ()	E-mail address		
Accounting Firm	Address	City	State	Zip

DHCD Use Only:	Date Received:	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
----------------	----------------	------------------	--

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1st of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1st) or hand deliver by 5 p.m. May 1st, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 501 North Second Street, Richmond, VA 23219. (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1st.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.